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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 125400002		CITY OR TOWN	SUTTON
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAMI	E: DUDLEY-GEND	RON POST#414 AN	M.LEG.DEPT.OF MA	A.INC
DOING BUSINES	SS A			
ADDRESS 156 BO	OSTON ROAD			
CITY/TOWN: SU	UTTON	STATE: MA	ZIP CODE:	01590
MANAGER: KR	RUMSIEK, MARYTY	PE OF LICENSE: V	eterans club C	ATEGORY: All Alcohol
EMAIL ADDRESS	S:	-		
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O	F LICENSED PREMI	ISES:		
ONE-STORY BLI	OG.			
I hereby certify and	d swear under penaltie	s of perjury that:		
1. the rene	ewed license will be of	f the same type for th	ne same premises now	licensed;
2. the lice	nsee has complied with	h all laws of the Con	nmonwealth relating t	to taxes; and
3. the prer	mises are now open for	r business (If not exp	olain below)	
SIGNED BY:				
	Individual, Partne	er or Authorized Corp	porate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
We the undersign	ned, attest that we ar	e in possession (1) t	he certificate requir	red by Chapter 304 of the
				ment for the above named
license and (2) th	e certificate of liquor	· liability insurance	required by Chapte	er 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	plain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 125400012		CITY OR TOWN SUTTO	IN
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: SUTTON W NESS A SUTTON 017A PROVIDENC	_		
CITY/TOWN:	SUTTON	STATE: MA	ZIP CODE: 01590	
MANAGER:	ALLARD, VINCENT	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
	premises are now op	ed with all laws of the Concen for business (If not expenses) Partner or Authorized Corp		nd
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 125400015		CITY OR TO	WN SUTTON	
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MELISSA DACC	OSTA & ALBINO D	OACOSTA		
DOING BUSINESS	A NICK'S COUNT	TRY MARKET			
ADDRESS 3 BOST	ON ROAD				
CITY/TOWN: SUT	ΓΤΟΝ	STATE: MA	A ZIP CODE	E: 01590	
MANAGER: ALB	INO DACOSTATY	PE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					_
PREMISES CONSIS STORAGE AREA A			'AGE MALL W/B	ASEMENT FOR	₹
2. the licens	yed license will be o see has complied wit ses are now open fo	th all laws of the Co	mmonwealth relati		
SIGNED BY:	Individual, Partne	er or Authorized Co	rporate Officer		
DATE:	TELEPHO:	NE NUMBER:		OYER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 125400016		CITY (OR TOWN	SUTTON	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS	3			YEAR
LICENSEE NAME:	ANTONIOS DRA	KAKIS				
DOING BUSINESS	A TONY'S SUTTO	N PIZZA				
ADDRESS 146 WO	RC-PROV. RD.					
CITY/TOWN: SUT	TON	STATE:	MA ZIF	P CODE:	01590	
MANAGER:	TY	PE OF LICENSI	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDR	ESS		
DESCRIPTION OF	LICENSED PREMI	SES:				
ONE STORY BLDG COUNTER AREA, I WALKOUT TO PAI	REAR ENTRANCE	INTO KITCHE	N; BASEME	NT-STAIRS		
I hereby certify and s	wear under penalties	s of perjury that:				
1. the renew	ed license will be of	the same type fo	r the same pr	emises now	licensed;	
	ee has complied with			•	o taxes; and	
3. the premis	ses are now open for	business (If not	explain belov	w)		
SIGNED BY:	Individual, Partner	or Authorized (Corporate Off	icer		
DATE:	TELEPHON	IE NUMBER:	0.1			ION NUMBER:
			(N	lote: NOT Inc	lividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the building in	spector and the	head of the	fire departı	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	 nin)					
(11 disapproved expit	····· <i>,</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125400020		CITY OR TO	OWN SUTTON	
APPLICATION FO	R RENEWAL	: Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	ESSEX GO	LF GROUP			
DOING BUSINESS	A BLACKS	TONE NATIONAL GOLF (CLUB		
ADDRESS 227 PUT	TNAM HILL I	₹D			
CITY/TOWN: SUT	TTON	STATE: MA	ZIP COI	DE: 05190	
	RDON, HAEL C.	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF					
2 STORY BLDG. FI		WILL SERVE AS A REST	AURANT W	TH A BAR, SEC	OND
3. the premi		pen for business (If not explanation of the period of the	·		
DATE:	TELE	EPHONE NUMBER:		PLOYER IDENTIFICA OT Individual Social	
Acts of 2004, signe	d by the build	we are in possession (1) the ling inspector and the head liquor liability insurance r	l of the fire d	epartment for the	e above named
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: [oin)				
(11 disappioved expi	a111 <i>)</i>				
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125400021		CITY OR TOV	VIN SULLON	
APPLICATION FOR RENEWAL	: Annual	LIC	ENSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: AKSHAR V DOING BUSINESS A ADDRESS 1 MAIN STREET	'ARIETY, INC			
CITY/TOWN: SUTTON	STATE: MA	ZIP CODE	: 01526	
MANAGER: PATEL, VIJAY	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICENSED P	REMISES:			
ONE FLOOR, TWO EXITS,WAL COOLERS.	K IN COOLER, COUNTE	ER SPACE, S HE	LVING, ATANE	DARD
3. the premises are now op	ed with all laws of the Compen for business (If not exp Partner or Authorized Corp	lain below)	ig to taxes; and	
DATE: TELE	EPHONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125400022		CITY O	R TOWN	SUTTON	
APPLICATION FO	R RENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 3 SINGI	A SUTTON CE					
CITY/TOWN: SUT	ΓΤΟΝ	STATE:	MA ZIP (CODE:	01590	
	NOR, LIAM B.	TYPE OF LICENS	E:Package Stor	re CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER Y	OUR EMAIL ADDRES	SS		_
DESCRIPTION OF						
APPROX 1450 SQ 1	FEET AND FOU	JR GAS PUMPS. B	EER STORED	IN COOL	ERS	
	ises are now oper	with all laws of the n for business (If nor business artner or Authorized	t explain below))		
DATE:	TELEPI	HONE NUMBER:				TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL By:	L LICENS	SING AUTHO	ORITY
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED	BY LICENSEES DURING	THE MONTH OF NO	OVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	IBER: 125400023		CITY OR TOWN SUTTON	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: DRAKE PE	TROLEUM CO INC		
DOING BUSIN	ESS A SUTTON 2	XTRA MART		
ADDRESS 27 V	WORCESTER PRO	OVIDENCE HIGHWAY		
CITY/TOWN:	SUTTON	STATE: MA	ZIP CODE: 01590	
MANAGER:	KANE, SEAN	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
CONVENIENC	EE STORE, GAS ST	ΓATION		
I hereby certify	and swear under pe	nalties of perjury that:		
1. the re	enewed license will	be of the same type for th	e same premises now licensed;	
2. the li	icensee has complie	d with all laws of the Com	monwealth relating to taxes; and	I
	-	en for business (If not exp	•	
	1	` 1	,	
SIGNED BY:				
SIGNED DI:	Individual, I	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Please Check Below	v.		LOCAL LICENCING AUTH	IODITY
APPROVED:	<u>w.</u>		LOCAL LICENSING AUTI	HORITY
DISAPPROVE	D:		By:	
(If disapproved	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 125400024		CITY OR TOWN SUTTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: PV FOOD & BE	VERAGE SERVICES	, LLC	
DOING BUSI	NESS A			
ADDRESS 95	ARMSBY ROAD			
CITY/TOWN:	SUTTON	STATE: MA	ZIP CODE: 01590	
MANAGER:	SHROPSHIRE,ELIZ TY ABETH		eneral on CATEGORY emise	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
	IED FLOOR PLANS, LIC O GOLF PATRONS WIT) PROVIDE ALCOHOLIC BEV OF THR PROPERTY.	ERAGE
I hereby certify	y and swear under penaltie	es of perjury that:		
1. the	renewed license will be o	f the same type for the	e same premises now licensed;	
2. the	licensee has complied wit	th all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open for	or business (If not expl	ain below)	
SIGNED BY:				
STOTALD DI.		er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
			ne certificate required by Chap d of the fire department for th	
license and (2	2) the certificate of liquo	r liability insurance r	required by Chapter 116 of the	e Acts of 2010.
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i explain)			
				
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)